Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

			persons are required	to respond to a c	ollection of mic	rmation unle	ss it display	s a valid OM	B control nu	imber.	
Fees pursuant to the Cons	Complete if Known										
FEE TR	Applicatio	10/608	0/608,898								
•	Filing Date June 27, 200			7, 2003							
Foi	First Name	William	William A. Groll								
Applicant claims	Examiner Name		John J. Zimmerman								
	Art Unit		1775								
TOTAL AMOUNT O	Attorney Docket No. 916-030481										
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order Other (please identify):											
X Déposit Account Deposit Account Number: 23-0650 Deposit Account Name											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 Credit any overpayments											
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULATION											
1. BASIC FILING, S	EARCH, A	ND EXAMIN	IATION FEES								
		G FEES	SEARCH	FEES	EXAMINA	TION FEI	ES				
	Il Entity	tity Small Entity									
Application Type	Fee (\$)	Fee (\$)	Fee (S) F	<u>ee (\$)</u>	Fee (\$)	Fee (\$)		Fees	Paid (\$)		
Utility	300	150	500	250	200	100	_				
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80	_				
Reissue	300	150	500	250	600	300	_				
Provisional	200	100	. 0	0	0	0	-				
2. EXCESS CLAIM I	FFFS						-			Small Entity	
Fee Description									Fee (S)	Fee (S)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent									50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent									200	100	
Multiple dependent clai						360	180				
Total Claims Extra Claims Fee (S) Fee						Mult	inle Depe	ndent Clai	<u>ms</u>		
17 - 20 or	0	_	Fee	(\$)	Fee Paid	(3)					
HP = highest number of t	otal claims pa	id for, if greater	than 20								
Indep. Claims	Extr	a Claims	Fee (S)	Fee Paid (\$)				•			
		0 x		0	_						
HP = highest number of independent claims paid for, if greater than 3											
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)											
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets	Extra S		Number of e					Fee (\$)	<u>Fe</u>	e Paid (\$)	
-100 = /50 = (round up to a whole number) x =											
A OTHER PER(C)										e Paid (\$)	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)											
Other: Petition for Extension of Time										120	
					<u> </u>						
SUBMITTED BY	1	45 12	-111/2	Registration N			Telepho	ne 412	471-8815		
Signature (Statement (Attorney/Agent)											
Name (Print/Type)	Kent E. Bal	dauf					Date	01-	10-2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the armount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NO SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.